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J.S.	UTILITY
吗P/	ATENT APPLICATION
	TRANSMITTAL

(Only for new nonprovisional application under 37 CFR 1.53(b)

Attomey Docket No .:
First Named Inventor

Title:

Express Mail Label No.:

1755-9 Lee et al.

**SEWING MACHINE** 

EV 171218729 US

APPLICATION ELEMENTS See MPEP chapter 6000 concerning design patent application contents		ADI	ORE	SS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	<ul><li>☑ ☑ ☑ a. b.</li></ul>	Fee Transmittal Form (e.g. PTO/SB/17) (submit an original, and a duplicate for fee processing)  Applicant claims small entity status See 37 CFR 1.27  Specification [Total Pages 15] (preferred arrangement set forth below, MPEP 1503.01) - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  Drawings(s) (37 CFR 1.152) [Total Sheets 9]  Oath or Declaration [Total Pages 2]  Newly executed (original or copy)  Copy from a prior application (37 CFR 1.63(d)) a. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior appl., see 37 CFR 1.63(d)(2) and 1.33(b)  Application Data Sheet. See 37 CFR 1.76	7. 8. 9. 10. 11. 12. 13. 14. 15.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. □ Computer Readable Form (CRF) b. Specification Sequence Listing on		
18.	17. ☑ Other:PTO-2038 Form						
Prio	r ap	plication information: Examiner:Robert J. Po	povic	s	Group Art Unit: _1724		

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

	19.	CORRESPO	NDENC	E ADDRESS			
☐ Customer I	Number or Bar Code Label (Insert Cu	ıstomer No. or A	Attach bar d	code label here) or 🛛	Correspon	dence address below	
Name	Galgano & Burke						
Address	300 Rabro Drive, Suite 1	135					
City	Hauppauge	Sta	te	New York	Zip Co	de 11788	
Country	USA	Tel	ephone	631-582-6161	Fax	631-582-619	11
Name (Print/∏	Type) Thomas M. Øalgano		Registr	ation No. (Attorne)	//Agent)	27,638	
Signature	- Hay MX of		Date:	3/31/04		3/31/04	

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington DC 20231.

PTO/SB/17 (01-03)

Approved for use through 10/31/2002 OMB 0651-0032

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FEE	TRA	ANS	MIT	TAL
F	OR	FY	2003	3

Effective 01/01/200. Patent fees are subject to annual revision Applicant claims small entity status.

See 37 CFR1.27

TOTAL	AMOUNT OF PAYMENT	(\$) 385.00

Application Number:
Filing Date:
First Named Inventor
Examiner Name:
Group Art Unit:
Attorney Docket No.:

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Lee et al.		 	
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1755-9		 	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
□Check ⊠Credit □Money □Other □None Card Order	3. ADDITIONAL FEES						
□ Deposit Account:     □ Deposit Account Number: 07-0130		Entity	Small	Entity			
Deposit Account Name: Galgano & Burke  The Commissioner is authorized to: (check all that apply)	Fee Code	Fee (\$)	Fee Code		Fee Description		Fee Paid
☐ Charge fee(s) indicated below ☐ Credit any overpayments	1051	130	2051	65	Surcharge - late fi	ling	
Charge any additional fee(s) during the pendency of this application except for issue fee	1052	50	2052	25	or cover sheet	rovisional filing fee	
☐ Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.	1053 1805	130 2520	1053 1812	130 2520	Non-English speci For filing a reques reexamination		
FEE CALCULATION  1. BASIC FILING FEE	1804	920*	1804	920*	Requesting public to Examiner action		
Large Entity Small Entity Fee Fee Fee Fee	1805	1840*		1840*	Examiner action		
Code (\$)         Code (\$)         Fee Description         Fee Paid           1001         770         2001         385         Utility filing fee         \$ 385.00	1251 1252 1253	110 420 950	2251 2252 2253	55 210 475	Extension for repl	y within first month y within second month y within third month	
1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee	1254 1255 1401	1480 2010 330		740 1005	Extension for repl	y within fourth month y within fifth month	
1005 160 2005 80 Provisional filing fee SUBTOTAL (1) (\$) 385.00	1401 1402 1403	330 290	2401 2402 2403	165 165 145	Notice of Appeal Filing a brief in su Request for oral h		_
2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE	1451	1510		1510	Petition to institute proceeding	e a public use	
Extra Fee from Fee Claims below Paid	1452 1453 1501	110 1330 1330	2452 2453 2501	55 655 655	Petition to revive - Petition to revive - Utility issue fee (o	- unintentional	
Total Claims 9 - 20** = 0x =	1502 1503	480 640	2502 2503	240 320	Design issue fee Plant issue fee	,	
Claims <u>1</u> - 3** = 0x = Multiple Dependent =	1460 1807 1806	130 50 180	1460 1807 1806	130 50 180	Petitions to the Co Processing fee un Submission of Info	ommissioner ider 37 CFR 1.17(q) ormation Disclosure Stm	
Large Entity Small Entity	8021	40	8021	40	Recording each pa	atent assignment per imber of properties)	\$ 40.00
Fee Fee Fee Code (\$) Code (\$) Fee Description	1809	770 770	2809	385	37 CFR §1.129(a)		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim.	1801	770	2810 2801	385 385	For each additional examined 37 CFR Request for Continuation		, ——
if not paid 1204 86 2204 43 **Reissue independent claims	1802	900	1802	900	Request for expect of a design application	dited examination	
over original patent 1205 18 2205 9 **Reissue claims in excess of of 20 and over original patent	Other	fee (spe	cify)				
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above		uced b	y Bas	ic Filir	SUBTOTA ng Fee Paid	AL (3)	\$) 40.00
SUBMITTED BY			o świeru, oz o			COMPLETE (if applic	able)
Name (Print/Type) Thomas M. Galgano		Registration No. 27,638			Telephone: 631-5	Telephone: 631-582-6161	
Signature MA						Date 3/31/04	